



## GEORGIA MEDICAID FEE-FOR-SERVICE HUMAN IMMUNODEFICIENCY VIRUS (HIV) MEDICATIONS PA SUMMARY

Preferred (may not be all inclusive)	Non-Preferred
Abacavir generic*	Abacavir/lamivudine/zidovudine generic
Abacavir/lamivudine generic*	Aptivus (tipranavir)
Atripla (efavirenz/emtricitabine/tenofovir disoproxil fumarate)*	Complera (emtricitabine/rilpivirine/tenofovir disoproxil fumarate)
Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide)*	Crixivan (indinavir)
Cimduo (lamivudine/tenofovir disoproxil fumarate)*	Fuzeon (enfuvirtide)
Descovy (emtricitabine/tenofovir alafenamide)*	Intelence (etravirine)
Didanosine delayed-release generic*	Invirase (saquinavir)
Edurant (rilpivirine)	Juluca (dolutegravir/rilpivirine)
Emtriva (emtricitabine)*	Lexiva (fosamprenavir)
Epivir solution (lamivudine)*	Nevirapine suspension generic
Evotaz (atazanavir/cobicistat)	Nevirapine extended-release generic
Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)*	Norvir Powder (ritonavir)
Isentress and Isentress HD (raltegravir)	Ritonavir tablet generic
Kaletra (lopinavir/ritonavir)*	Selzentry (maraviroc)
Lamivudine generic*	Stribild (elvitegravir/cobicistat/emtricitabine/ tenofovir disoproxil fumarate)
Lamivudine/zidovudine generic*	Symfi (efavirenz 600 mg/lamivudine/tenofovir disoproxil fumarate)
Nevirapine immediate-release tablets generic*	Symfi Lo (efavirenz 400 mg/lamivudine/tenofovir disoproxil fumarate)
Norvir (ritonavir)*	Viramune XR (nevirapine extended-release)
Odefsey (rilpivirine/emtricitabine/tenofovir alafenamide)	Vitekta (elvitegravir)
Prezcobix (darunavir/cobicistat)	
Prezista (darunavir)	
Rescriptor (delavirdine)*	
Reyataz (atazanavir)*	
Stavudine generic*	
Sustiva (efavirenz)*	
Tivicay (dolutegravir)	
Triumeq (abacavir/dolutegravir/lamivudine)	
Trizivir (abacavir/lamivudine/zidovudine)*	
Truvada (emtricitabine/tenofovir disoproxil fumarate)*	
Tybost (cobicistat)	



Videx Pediatric (didanosine)*	
Viracept (nelfinavir)*	
Viramune Suspension (nevirapine)*	
Viread (tenofovir disoproxil fumarate)*	
Ziagen Solution (abacavir)*	
Zidovudine generic*	

\*PA not required

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- PA approval may be considered for continuation of therapy from another insurance plan or ADAP (AIDS Drug Assistance Program).
- If generic nevirapine extended-release is approved, the PA will be issued for brand Viramune XR.

**PA CRITERIA:**

Abacavir/Lamivudine/Zidovudine Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Trizivir, is not appropriate for the member.

Aptivus

- ❖ Approvable for members 2 years of age or older for treatment of HIV infection when used in combination with ritonavir and one or more other antiretrovirals

AND

- ❖ Member's HIV must be resistant to at least 2 other protease inhibitors (PIs).

Complera

- ❖ Approvable for prophylaxis following exposure to HIV.
- ❖ Approvable for members 12 years of age or older who weigh 35 kilograms or more for treatment of HIV infection

AND

- ❖ For treatment-naïve, member's baseline HIV RNA level must be  $\leq 100,000$  copies/mL and baseline CD4+ cell count must be  $\geq 200$  cells/mm<sup>3</sup>. For treatment experienced, member must have consistent viral suppression (HIV RNA  $< 50$  copies/mL) for  $\geq 6$  months with no history of virologic failure

AND

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Odefsey as well as Edurant taken with Descovy or Truvada, are not appropriate for the member.



Crixivan

- ❖ Approvable for members 18 years of age or older for treatment of HIV infection when used in combination with ritonavir and one or more other antiretrovirals

AND

- ❖ Member's HIV must be resistant to at least 2 other protease inhibitors (PIs).

Edurant

- ❖ Approvable for prophylaxis following exposure to HIV when used in combination with other antiretrovirals.
- ❖ Approvable for members 12 years of age or older who weigh 35 kilograms or more for treatment of HIV infection when used in combination with other antiretrovirals

AND

- ❖ For treatment-naïve, member's baseline HIV-RNA level must be  $\leq 100,000$  copies/mL and baseline CD4+ cell count must be  $\geq 200$  cells/mm<sup>3</sup>. For treatment experienced, member must have consistent viral suppression (HIV RNA  $< 50$  copies/mL) for  $\geq 6$  months with no history of virologic failure.

Evotaz and Prezcobix

- ❖ Approvable for members 12 years of age or older for treatment of HIV infection when used in combination with other antiretrovirals.

Fuzeon

- ❖ Approvable for prophylaxis following exposure to HIV when used in combination with other antiretrovirals.
- ❖ Approvable for members 6 years of age or older for treatment of HIV infection when used in combination with other antiretrovirals

AND

- ❖ Member must be HIV treatment-experienced and resistant to at least 2 other HIV treatments.

Intelence

- ❖ Approvable for prophylaxis following exposure to HIV when used in combination with other antiretrovirals.
- ❖ Approvable for members 6 years of age or older for treatment of HIV infection when used in combination with other antiretrovirals

AND

- ❖ Member must be HIV treatment-experienced and resistant to at least 2 other non-nucleoside reverse transcriptase inhibitors (NNRTIs).



Invirase

- ❖ Approvable for members 2 years of age or older for treatment of HIV infection when used in combination with ritonavir and one or more other antiretrovirals

AND

- ❖ Member's HIV must be resistant to at least 2 other protease inhibitors (PIs).

Isentress

- ❖ Approvable for prophylaxis following exposure to HIV when used in combination with other antiretrovirals.
- ❖ Isentress tablets are approvable for members 6 years of age or older for treatment of HIV infection when used in combination with other antiretrovirals.
- ❖ Isentress chewable tablets and powder are approvable for members less than 12 years of age for treatment of HIV infection when used in combination with other antiretrovirals.

Isentress HD

- ❖ Approvable for prophylaxis following exposure to HIV when used in combination with other antiretrovirals.
- ❖ Approvable for members 18 years of age or older for treatment of HIV infection who are treatment-naïve or virologically suppressed on Isentress 400 mg twice daily when used in combination with other antiretrovirals.
- ❖ Approvable for members less than 18 years of age and weigh 40 kg or greater for treatment of HIV infection who are treatment-naïve or virologically suppressed on Isentress 400 mg twice daily when used in combination with other antiretrovirals.

Juluca

- ❖ For members 18 years of age or older for treatment of HIV infection who have experienced consistent viral suppression (HIV RNA < 50 copies/mL) for  $\geq 6$  months with no history of virologic failure, prescriber must submit a written letter of medical necessity stating the reasons the individual preferred products, Edurant and Tivicay taken together, are not appropriate for the member.
- ❖ Female members of reproductive potential must be counseled on the potential risk of neural tube defects (NTDs) and use effective contraception during treatment.
- ❖ Pregnant members within 8 weeks of their last menstruation must be counseled on the potential risk of NTDs and using a non-dolutegravir regimen must not be an option for the member.

Lexiva

- ❖ Approvable for members 2 years of age or older for treatment of HIV infection when used in combination with ritonavir and one or more other antiretrovirals

AND

- ❖ Member's HIV must be resistant to at least 2 other protease inhibitors (PIs).



Nevirapine Suspension Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Viramune suspension, is not appropriate for the member.

Nevirapine ER Generic and Viramune XR

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic nevirapine immediate-release tablets, is not appropriate for the member.

Norvir Powder

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Norvir Solution, is not appropriate for the member.

Odefsey

- ❖ Approvable for prophylaxis following exposure to HIV.
- ❖ Approvable for members 12 years of age or older who weigh 35 kilograms or more for treatment of HIV infection

AND

- ❖ For treatment-naïve, member's baseline HIV RNA level must be  $\leq 100,000$  copies/mL and baseline CD4+ cell count must be  $\geq 200$  cells/mm<sup>3</sup>. For treatment experienced, member must have consistent viral suppression (HIV RNA  $< 50$  copies/mL) for  $\geq 6$  months with no history of virologic failure.

Prezista

- ❖ Approvable for members 3 years of age or older for treatment of HIV infection when used in combination with other antiretrovirals.

Ritonavir Tablet Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Norvir, is not appropriate for the member.

Selzentry

- ❖ Approvable for prophylaxis following exposure to HIV when used in combination with other antiretrovirals.
- ❖ Selzentry tablets are approvable for members 2 years of age or older for treatment of CCR5-tropic HIV infection when used in combination with other antiretrovirals.
- ❖ Selzentry oral solution is approvable for members 2 to 11 years of age for treatment of CCR5-tropic HIV infection when used in combination with other antiretrovirals, and for members 12 years of age or older who are unable to swallow tablets when used in combination with other antiretrovirals.



Stribild

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Genvoya, is not appropriate for the member.

Symfi and Symfi Lo

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the individual preferred products, Sustiva, lamivudine generic and Viread taken together, are not appropriate for the member.

Tivicay

- ❖ Approvable for members 6 years of age or older who weigh 30 kilograms or more for treatment of HIV infection when used in combination with other antiretrovirals.
- ❖ Female members of reproductive potential must be counseled on the potential risk of neural tube defects (NTDs) and use effective contraception during treatment.
- ❖ Pregnant members within 8 weeks of their last menstruation must be counseled on the potential risk of NTDs and using a non-dolutegravir regimen must not be an option for the member.

Triumeq

- ❖ Approvable for HLA-B\*5701 negative members 6 years of age or older who weigh 40 kilograms or more for treatment of HIV.
- ❖ Female members of reproductive potential must be counseled on the potential risk of neural tube defects (NTDs) and use effective contraception during treatment.
- ❖ Pregnant members within 8 weeks of their last menstruation must be counseled on the potential risk of NTDs and using a non-dolutegravir regimen must not be an option for the member.

Tybost

- ❖ Approvable for members 18 years of age or older for treatment of HIV infection when used in combination with atazanavir or darunavir.

Vitekta

- ❖ Approvable for members 18 years of age or older for treatment of HIV infection when used in combination with ritonavir, another protease inhibitor and one or more other antiretrovirals

AND

- ❖ Member must be HIV treatment-experienced and unable to take other integrase strand transfer inhibitors (INSTIs).



### **EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

### **PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

### **PA and APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

### **QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.